

040204

01919 U.S. PTO

DEWIPAT No. 30.024.42.US
UNITED STATES PATENT AND TRADEMARK OFFICE

UTILITY PATENT APPLICATION TRANSMITTAL	Attorney Docket No.	ARC 2258 C1
	First Named Inventor	Frank Jao
	Title	Antiepileptic Dosage Form and Process for Protecting Antiepileptic Drug
	Express Mail Label No.	EU428835916US

APPLICATION ELEMENTS (check all that apply)

1. ☒ Fee Transmittal Form
(submit an original and a duplicate for fee processing)
☐ Patent Application Fee Determination Record
2. ☐ Applicant claims small entity status
3. ☒ Specification [Total Pages 29]
 - ☒ Descriptive Title of the Invention
 - ☒ Cross References to Related Applications
 - ☐ Statement Regarding Federally-sponsored R&D
 - ☐ Reference to Microfiche Appendix
 - ☒ Background of the Invention
 - ☒ Brief Summary of the Invention
 - ☒ Brief Description of the Drawings
 - ☒ Detailed Description
 - ☒ Claim(s)
 - ☒ Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 5]
 - ☒ Formal ☐ Informal
5. ☒ Oath or Declaration
 - ☒ Newly executed (original or copy)
 - ☐ Unexecuted
 - ☐ Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional only)
 - ☐ With Power of Attorney
 - ☐ Deletion of Inventor(s)
Signed statement attached deleting inventor(s)
name in the prior application (37 CFR 1.63(d)(2)
and 1.33(b))
6. ☐ Application Data Sheet (37 CFR 1.76)

7. ☐ Computer Program in Microfiche (Appendix)
8. ☐ Nucleotide and/or Amino Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. ☐ Specification Sequence Listing on:
 - ☐ CD-ROM or CD-R (2 copies); or
 - ☐ Paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

09. ☐ Assignment Papers (cover sheet & document(s))
10. ☒ 37 CFR 3.73(b) Statement ☒ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement/PTO-1449
☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (specifically itemized)
15. ☐ Certified Copy of Priority Documents
(if foreign priority is claimed)
16. ☐ Non-publication Request under 35 USC
1.22(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.
17. ☐ Additional Enclosures (please identify below):

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76.

☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No. **10/262,153**

Prior application information: Examiner **Piazza Corcoran, Gladys Josefina** Art Unit **1733**

FOR CONTINUATION OF DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

19. CORRESPONDENCE ADDRESS

☒ Customer Number: **27777** OR ☐ Correspondence Address below

Name					
Address					
City		State		Zip Code	
Country		Telephone		Fax	
Name (Print/Type)	Adenike A. Adewuya		Registration No.	42,254	
Signature	<i>Adenike Adewuya</i>		Date	4/2/2004	

SEND TO: Mail Stop Patent Application, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

FEE TRANSMITTAL for FY 2004		Application Number			
		Filing Date			
		First Named Inventor		Frank Jao	
		Title		Antiepileptic Dosage Form and Process for Protecting ..	
		Art Unit			
<input type="checkbox"/> Applicant claims small entity status.		Examiner Name			
Total Amount of Payment		\$ 770		Attorney Docket Number	
		ARC 2258 C1			

METHOD OF PAYMENT (check all that apply)				2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <u>10-0750</u> Deposit Account Name: <u>Johnson & Johnson</u> The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) authorized below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"></td> <td style="width:10%; text-align: center;">Extra Claims</td> <td style="width:10%; text-align: center;">Fee from below</td> <td style="width:10%; text-align: center;">Fee Paid</td> <td style="width:40%;"></td> </tr> <tr> <td>Total Claims</td> <td style="text-align: center;">_____ - 20** =</td> <td style="text-align: center;">_____ x</td> <td style="text-align: center;">_____ =</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">_____ - 3** =</td> <td style="text-align: center;">_____ x</td> <td style="text-align: center;">_____ =</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td style="text-align: center;">_____ =</td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>					Extra Claims	Fee from below	Fee Paid		Total Claims	_____ - 20** =	_____ x	_____ =		Independent Claims	_____ - 3** =	_____ x	_____ =		Multiple Dependent			_____ =	
	Extra Claims	Fee from below	Fee Paid																								
Total Claims	_____ - 20** =	_____ x	_____ =																								
Independent Claims	_____ - 3** =	_____ x	_____ =																								
Multiple Dependent			_____ =																								
FEE CALCULATION																											
1. BASIC FILING FEE																											
Large Entity	Fee	Small Entity	Fee	Fee Description	Fee Paid																						
Code	(\$)	Code	(\$)																								
1001	770	2001	385	Utility filing fee	770																						
1002	340	2002	170	Design filing fee																							
1003	530	2003	265	Plant filing fee																							
1004	770	2004	385	Reissue filing fee																							
1005	160	2005	80	Provisional filing fee																							
SUBTOTAL (1) \$					770																						

3. ADDITIONAL FEES					
Large Entity	Fee	Small Entity	Fee	Fee Description	Fee Paid
Fee Code	(\$)	Fee Code	(\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or coversheet	
1053	130	2053	130	Non-English specification	
1812	2520	1812	2520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1480	2254	740	Extension for reply within fourth month	
1255	2010	2255	1005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1510	1451	1510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1330	2453	665	Petition to revive - unintentional	
1501	1330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of prop.)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR 1.29(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR 1.29(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3) \$	

Submitted By (Name)	Adenike A. Adewuya	PTO Registration No.	42,254	Telephone	281-477-3450
Signature	<i>Adenike Adewuya</i>	Date	4/2/2004		